



CANNON BUILDING
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STATE OF DELAWARE
BOARD OF PROFESSIONAL LAND SURVEYORS

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REQUEST FOR APPROVAL OF PROFESSIONAL DEVELOPMENT HOURS

INSTRUCTIONS

When to Submit

Complete this form to request approval of an organized educational activity intended to fulfill the continuing education (CE) requirements for maintaining a Professional Land Surveyor license in Delaware. The Board must approve all educational courses. Either Delaware-licensed Professional Land Surveyors or program providers may submit a request.

For full details on continuing education requirements, see Section 10.0 of the Board's [Rules and Regulations](#).

Professional Land Surveyors must complete at least two hours on ethics and professionalism during each two-year license period.

Board-approved courses are listed on the Board's website at [Approved Continuing Education Courses](#).

Documentation Required

- ☐ Submit completed request form.
- ☐ *If request is submitted by a course provider, enclose fee of \$35 by check or money order payable to "State of Delaware." If a Delaware-licensed Professional Land Surveyor submits the request, no fee is required.*
- ☐ Enclose a *complete, detailed course schedule* showing the course objectives and typical timetable of the course, including all scheduled breaks.
- ☐ Enclose credentials (such as a resume or *curriculum vitae* (CV) for each presenter.

REQUESTER COMPLETES THIS SECTION

1. Requester (check one): ☐ Course Provider ☐ Delaware Licensee
2. If you are a Delaware-licensed Professional Land Surveyor requesting approval of a course, enter:
Your Name: _____ Delaware License #: **S6** - _____
Phone: _____ Email: _____@_____
3. If you are a Course Provider requesting approval of a course, enter:
Course Provider Name: _____
Contact/CE Coordinator: _____ Email: _____
Address: _____
Street City State Zip code
Phone: _____ Fax: _____ Website URL: _____

REQUESTER COMPLETES THIS SECTION (continued)

4. Course Title: _____

5. Date(s) Offered: _____

6. List all course presenters:

Enclose resume or *curriculum vitae* (CV) for each presenter.

PRESENTER NAME	TITLE

7. **Total Hours Requested (Excluding Breaks):** _____

8. Are you requesting ethics designation? Yes ☐ No ☐ If yes, how many hours? _____

Enclose a *complete, detailed course schedule* showing the course objectives and typical timetable of the course, including all scheduled breaks. Also, enclose credentials (such as a resume or *curriculum vitae* (CV)) for each presenter.

BOARD OFFICE COMPLETES THIS SECTION

Board Approval Date: _____

☐ **Approved for** _____ **hours.**

Approved for Ethics? Yes ☐ No ☐ If yes, how many hours? _____

☐ **Tabled - Explain reason(s):** _____

☐ **Denied – Explain reason(s) below.**

☐ Not directly related to professional growth.

☐ Other: _____